

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 9960 Mayland Drive, Suite 400  
 Richmond, VA 23233  
 (804) 367-8509  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



Board for Opticians  
**OPTICIANS LICENSE REINSTATEMENT APPLICATION**  
 Fee \$225.00

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Expired VA Optician License Number 1101 Expiration Date \* \_\_\_\_\_

\* If your license expired more than 60 months ago, you must attach proof of continuous, active, ethical and legal practice of Opticianry outside of Virginia. If you are not able to provide proof of continuous, active, ethical and legal practice of optometry outside Virginia, **you cannot reinstate your license**. You are required to reapply using the *Optician Examination and License Application* and retake the board examination.

2. Name  
 Last First Middle Generation

3. Social Security Number or Virginia DMV Control Number \*  -  -

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth \_\_\_\_\_

5. Maiden Name or Former Surname(s) \_\_\_\_\_

6. Street Address (PO Box not accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

7. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

8. E-mail Address \_\_\_\_\_

9. Contact Numbers  
 Primary Telephone Alternate Telephone Facsimile

10. Did your Virginia Optician License expire more than 24 months ago, but less than 60 months ago?

No ☐ Skip to question #12.

Yes ☐

11. Which requirement have you met in order to qualify for reinstatement of your Virginia Optician License? Select only one. Documentation verifying completion of the requirement you select must accompany this reinstatement application.

☐ Continuous, active, ethical and legal practice of Opticianry outside Virginia

☐ Completion of a board-approved review course which measures current competence

School Name & Location \_\_\_\_\_  
 Date Enrolled \_\_\_\_\_ Date Completed \_\_\_\_\_

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE # / LICENSE #	ISSUE DATE
		\$225.00	4020			1101	

12. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

### Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Optician License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand and have complied with all the laws of Virginia related to optician licensure under the provisions of Title 54.1, Chapter 17, of the *Code of Virginia*, and the *Virginia Board for Opticians Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_